**MAND Member Feedback for House of Delegates Fall 2013 Meeting**

**DUE DATE: OCTOBER 7, 2013**

E-mail your responses to the MAND Executive Director at [execdirector@eatwellmd.org](mailto:execdirector@eatwellmd.org). She will pass them along to me, without any names or member numbers. *Becky will need your name should you want to be in the drawing for a gift card through VISA*. Thank you in advance for your responses.

Karen Bellesky, MAND Delegate

Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ AND Member Number: \_\_\_\_\_\_\_\_\_\_

1. Please identify any questions or comments you have about the material you read re: Nutrition Services Delivery and Payment: The Business of Every Academy Member.

2. Where do you work (hospital, out-patient, food service, private practice, doctor's office, etc.)? Do you know if your salary is covered through any type of reimbursement? If so, how (grants, third party reimbursement, general funds, room and board costs, patient pays, etc.)?

3. Other comments you may have about this topic: